

RECORD OF REPORTED COMPLAINT OR INCIDENT

Date of Call: _____ Time of Call: _____

☐ Complaint ☐ Other _____**CALLER INFORMATION:**

Name/Title _____

Address _____

Phone Number () () ()

Day

Evening

Message

E-mail address _____

Is the caller willing to be a witness if necessary? Yes No

RECIPIENT INFORMATION:

Date Received _____ Received By _____

PROGRAM INFORMATION:

<input type="checkbox"/> PRP	Exposure Y N	Names of Exposed (List Under Incident Info.)	Possible Violations Y N (Describe Under Incident Info.)
<input type="checkbox"/> ENTOMOLOGY/ BEEKEEPING	Number of Boxes or Colonies _____	Responsible Party Contacted? Y N	
<input type="checkbox"/> PPQ	Fruit Fly Quarantine Y N		
<input type="checkbox"/> DIRECT MARKETING			
<input type="checkbox"/> OTHER			

IMMEDIATE RESPONSE INFORMATION:

Immediate Response Needed? Y N Reason: _____

INCIDENT INFORMATION:

Date of Alleged Incident _____ Location of Alleged Incident _____

Description of Complaint/Incident: _____

ASSIGNMENT:

Date Assigned _____ Assigned To _____ Assigned By _____

Investigation Number _____ Program Log Number _____

OUTCOME:

Date Completed _____ Completed By _____

Action Taken _____

☐ I - In Compliance ☐ R - Referred To Another Agency _____☐ N - NOV for Verified Complaint ☐ W - Withdrawn By Complainant☐ V - Violation Other Than Reported By Complainant